

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		<i>De</i>	7/30
O.I.P.E. CLASSIFIER		59	84
FORMALITY REVIEW	<i>De</i>	88518	8/28/91

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1 1	1/22/02
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Claim	Date
Final Original	
51 51	1/24/02
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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